

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15474

State File No. \_\_\_\_\_

Registrar's No. 964

FILED MAY 6 1948  
Registration District No. 277

Primary Registration District No. 2002

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6757 Etzel Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Mary Mertens

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Otto Mertens 6. (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased November 5 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 5 16 hr. min.

9. Birthplace East St. Louis Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John P. Enright  
13. Birthplace East St. Louis Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Dillon  
15. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Mertens  
(b) Address 6757 Etzel Ave

17. (a) Burial (b) Date thereof 4/24/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cavalry Cemetery

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd

19. (a) APR 24 1943 (b) C. H. McDaniel  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21  
year 1943 hour 11 minute 42 M.

21. I hereby certify that I attended the deceased from Feb 25 1943 to Apr 21 1943  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative  
arteriosclerosis  
Due to Chronic arteriosclerosis  
Due to arteriosclerosis

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature W. H. White (M. D. or other) \_\_\_\_\_  
Date signed 4-22-43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Ez W Wilkinson*  
Licensed Embalmer No..... *3575*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**